|  |                                    |            | U            | United States Environmental Protection Agency |            |                   |                           |                  | Work Assignment Number                |                           |               |               |  |  |  |
|--|------------------------------------|------------|--------------|---|------------|-------------------|---------------------------|------------------|---------------------------------------|---------------------------|---------------|---------------|--|--|--|
| EPA  |                                    |            | J            | Washington, DC 20460  Work Assignment         |            |                   |                           |                  | 5-12                                  |                           |               |               |  |  |  |
|  |                                    |            |              |   |            |                   |                           |                  |                                       | Other                     | X Amend       | lment Number: |  |  |  |
|  |                                    |            |              | Work Assignment                               |            |                   |                           |                  |                                       |                           | _             |               |  |  |  |
| Contract No  | umher                              |            |              | Contract Period 02/14/2009 To 08/13/2014      |            |                   |                           |                  | 000001                                |                           |               |               |  |  |  |
| EP-C-09  |                                    | 8          |              | 02/11/2003                                    |            |                   |                           |                  | Title of Work Assignment/SF Site Name |                           |               |               |  |  |  |
| Contractor   |                                    |            |              | Base  |            | Option Period Nu  | Consumer marketing        |                  |                                       |                           |               |               |  |  |  |
|  | N RE                               | SEARCH G   | ROUP, II     | NC.   |            | Оресп             | y occion and pa           | iragrapii oi ooi | illact GOVV                           |                           |               |               |  |  |  |
| Purpose:   |                                    | Work Assig |              |   |            | Work Assignment   | Work Assignment Close-Out |                  |                                       | Period of Performance     |               |               |  |  |  |
|  |                                    | =          | gnment Amend |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
|  |                                    | =          |              | unient incremental Funding                    |            |                   |                           |                  | From 02/14/2014 To 08/13/2014         |                           |               |               |  |  |  |
| Work Plan Approval  Comments:  |                                    |            |              |   |            |                   |                           |                  | 1.0 02/11/2011 10 00/13/2014          |                           |               |               |  |  |  |
| The purpose of this amendment is to extend the POP end date to 8/13/14 and edit deliverable dates. No additional |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
| hours or funds are added to this Work Assignment.  |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
|  |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
|  | Superf                             | und        |              |   | Acc        | ounting and Appro | priations Data            | a                |                                       |                           | Χ             | Non-Superfund |  |  |  |
| Note: To report additional accounting and appropriations date use EPA Form 1900-69A.                             |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
| SFO (Max 2)  |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
| . D(   | CN                                 | Budget/FY  | Appropria    | tion Budge                                    | t Org/Code | Program Element   | Object Class              | Amount (Do       | ollare) /                             | Cents)                    | Site/Project  | Cost Org/Code |  |  |  |
| <u> </u>   | ax 6)                              | (Max 4)    | Code (Ma:    |   | (Max 7)    | (Max 9)           | (Max 4)                   | Amount (Di       | Jilais) (                             | Cents)                    | (Max 8)       | (Max 7)       |  |  |  |
| 1  |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               | 1             |  |  |  |
| 2  |                                    |            |              |   |            |                   |                           |                  | •                                     |                           |               |               |  |  |  |
| 3  |                                    |            |              |   |            |                   |                           |                  | -                                     |                           |               |               |  |  |  |
| 4  |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               | +             |  |  |  |
| 5  |                                    |            |              |   |            |                   |                           |                  | +                                     |                           |               |               |  |  |  |
| - 1  | Authorized Work Assignment Ceiling |            |              |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
| Contract Per   | riod:                              |            | Cos          | t/Fee:  |            |                   |                           | LOE:             |                                       |                           |               |               |  |  |  |
| 02/14/   | 2009                               | To 08/13   | 3/2014       |   |            |                   |                           |                  |                                       |                           |               | _             |  |  |  |
| This Action:   |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
|  | -                                  |            |              |   |            |                   |                           |                  |                                       |                           |               | -             |  |  |  |
| Total:   |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
| Work Plan / Cost Estimate Approvals  |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
| Contractor WP Dated: Cost/Fee:   |                                    |            |              |   |            |                   |                           |                  | LOE:                                  |                           |               |               |  |  |  |
| Cumulative Approved: Cost/Fee:   |                                    |            |              |   |            |                   |                           |                  |                                       |                           |               |               |  |  |  |
| Work Assignment Manager Name Karen Wirth   |                                    |            |              |   |            |                   |                           |                  | Branch/Mail Code:                     |                           |               |               |  |  |  |
|  |                                    |            |              |   |            |                   |                           |                  |                                       | Phone Number 202-564-5246 |               |               |  |  |  |
| (Signature) (Date)   |                                    |            |              |   |            |                   |                           |                  | FAX Number:                           |                           |               |               |  |  |  |
| Project Officer Name Robin Danesi  |                                    |            |              |   |            |                   |                           |                  | Branch/Mail Code:                     |                           |               |               |  |  |  |
|  |                                    |            |              |   |            |                   |                           | Pho              | Phone Number: 202-564-1846            |                           |               |               |  |  |  |
| (Signature) (Date)   |                                    |            |              |   |            |                   |                           |                  | FAX Number:                           |                           |               |               |  |  |  |
| Other Agen   | cy Offici                          | al Name    |              |   |            |                   |                           | Brar             | Branch/Mail Code:                     |                           |               |               |  |  |  |
|  |                                    |            |              |   |            |                   |                           |                  |                                       |                           | Phone Number: |               |  |  |  |
|  |                                    | (Signa     | ture)        | (Date)  |            |                   |                           |                  | FAX Number:                           |                           |               |               |  |  |  |
| Contracting Official Name Robert A. Knecht   |                                    |            |              |   |            |                   |                           |                  | Branch/Mail Code:                     |                           |               |               |  |  |  |
|  |                                    |            |              |   |            |                   |                           |                  | Phone Number: 513-487-2043            |                           |               |               |  |  |  |
| (Signature) (Date)   |                                    |            |              |   |            |                   |                           |                  | FAX Number:                           |                           |               |               |  |  |  |